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750-146

1205 #10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of )  
 Gary D. HODGEN et al. ) Group Art Unit: 1205  
 Serial No.: 08/462,703 ) Examiner: K. Jordan  
 Filed: June 5, 1995 )

Received MAY 15 1996 Group 1200

For: ANTIPROGESTIN METHOD AND KIT FOR REDUCING SIDE EFFECTS ASSOCIATED WITH LOW DOSAGE HRT, ORAL CONTRACEPTION AND REGULATING MENSES

SUBMISSION UNDER 37 CFR 1.129

Assistant Commissioner for Patents Washington, D. C. 20231

SIR:

Applicants hereby request entrance of the accompanying submissions under Rule 129. The amount of \$750.00 for such entrance is included in the attached check.

Respectfully submitted,

Anthony J. Zelano (Reg. No. 27,969) Attorney for Applicants

MILLEN, WHITE, ZELANO & BRANIGAN, P.C. Arlington Courthouse Plaza I 2200 Clarendon Boulevard, Suite 1400 Arlington, Virginia 22201 (703)812-5311

Filed: May 8, 1996

[SCH 1309 C3]

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290 JJ 05/10/96 08462703 1 146 750.00 CH O/K Refund \$1750- BP



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Atty's Docket No. SCH 1309 C3

In re application of **Gary D. HODGEN et al.**  
Serial No. **08/462,703**  
Filed **June 5, 1995**

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ Verified statement(s) to establish small entity status under 37 CFR 1.9 and 1.27 enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 41	= 26	x \$22	\$ 572.00
INDEP. CLAIMS	* 10	MINUS	*** 5	= 5	x \$78	\$ 390.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 962.00

- \* If entry in Col. 2 is less than entry in Col. 4, write "0" in Col. 5.  
\*\* If "Highest No. Previously Paid For" in this space is less than 20, write "20" in this space.  
\*\*\* If "Highest No. Previously Paid For" in this space is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 2 of a prior amendment or the number of claims originally filed.

- ☒ The amount of \$ 962.00 is included in the attached check.
- ☐ Please charge my Deposit Account No. 13-3402 in the amount of \$ \_\_\_\_\_.  
Two copies of this sheet are attached for this purpose.

Applicant(s) request(s) that the time for taking action in this case be extended pursuant to 37 C.F.R. §1.136(a).

- ☐ Included in the attached check is the statutory fee of \$ \_\_\_\_\_ for an extension of time of \_\_\_\_\_ month(s).
- ☒ If the box for the sentence immediately above is marked but no check is attached, then charge the statutory fee recited in such sentence for an extension of time of the number of months recited in such sentence to Deposit Account No. 13-3402. Two copies of this sheet are attached for this purpose.
- ☐ Charge the Statutory Fee of \$ \_\_\_\_\_ for an extension of time of \_\_\_\_\_ month(s) to Deposit Account No. 13-3402. Two copies of this sheet are attached for this purpose.
- ☒ The Commissioner is hereby authorized to charge any deficiencies in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3402.
- ☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,  
MILLEN, WHITE, ZELANO & BRANIGAN, P.C.

DATE: May 8, 1996

BY: \_\_\_\_\_  
Anthony J. Zelano (Reg. No. 27,969)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-28-96</u>		2 Serial/Patent # <u>08/462703</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
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<input checked="" type="checkbox"/>	Petition	10	5-8-96	\$ 750							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 750								
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> </tr> </table>			1	3	--	3	4	0	2
1	3	--	3	4	0	2					
<i>Fee not necessary</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Legal Int. Fin.</u>									
SIGNATURE: <u>K Creasy</u>		PHONE: <u>305-8859</u>									
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ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	300	1	08462703	00067	950605	950622	101	1,344.00
C	020	1	08462703	00069	960118	960119	115	110.00
C	290	1	08462703	00098	960508	960510	141	1,250.00
C	290	1	08462703	00099	960508	960510	146	750.00
C	290	1	08462703	00100	960508	960510	103	572.00
C	290	1	08462703	00100	960508	960510	102	390.00

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